

In the screening visit

1. Patients need to understand you. No shortcuts with **interpreters**, especially during a crisis. This is not the time to “get by” with limited language skills. Need to be sure that patients understand the plan and that history is accurate.
 - a) Reinforce all interpreters are also bound by patient **confidentiality** at the start of the patient interview.
2. Interpreted conversations are often less patient centered. Be sure to ask about **patient concerns and feasibility of recommendations**. Specifically be sure to ask / address:
 - a) What have you heard about this illness? **Dispel rumors**.
 - b) What else are you taking for this illness? Any other **medicines or herbs** or treatments?
 - c) What are your worries? Who lives at home with you? Are you **caring for a high-risk person** (e.g., elderly person, immunosuppressed)? If **isolation is needed**, ask **open-ended questions about any concerns**. Assess feasibility.
3. Highlight that **public charge is suspended for COVID-19 testing and treatment**. Don't ask if that applies; encourage all patients to spread the word broadly in their communities. This means that seeking testing or care for COVID-19 concerns will not impact patient ability to get a green card.
4. Ensure **written communication, patient guidance and education for symptomatic patients, and telemedicine workflows include language access** considerations, particularly for threshold languages in your system.

For admitted patients

5. Underuse of interpreters is common. Ensure hospitalized patients with language barriers (or their families for intubated/severely ill patients) have an opportunity to **ask questions via a phone/video interpreter AT LEAST once a day with a physician and once per shift with nurses (ideally every interaction)**. This is a quality floor, not a ceiling.
 - a) To facilitate this, preferred language must be correctly documented in the electronic health record
6. **Address barriers to patient-initiated communication** with nurses.
7. LEP admitted patients are even more isolated without family. Make case by case decisions on having one family member present. With increasing restrictions on visitors to the hospital, **facilitate remote connection** via phone or videos with loved ones.

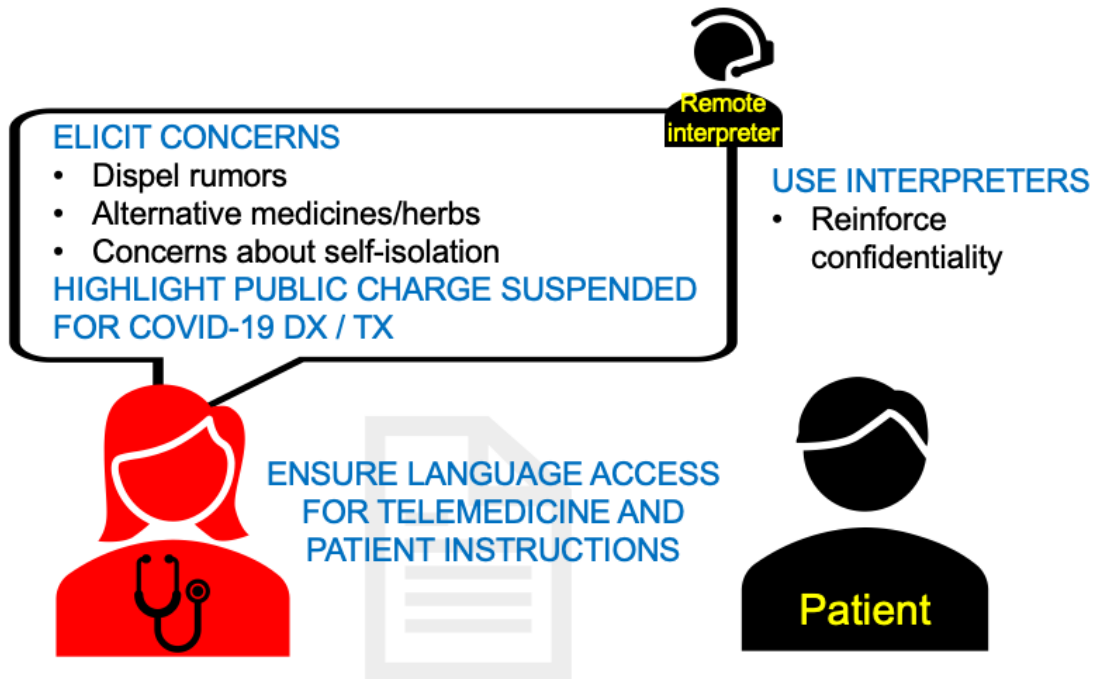
Promote access to health information. Help meet social needs.

8. Community organizations know how to communicate with patients. When possible, **share your expertise or that of language concordant colleagues with community organizations and media**.
9. **Fight stigma and promote connection**. We are all at risk, and we can take care of one another.
10. Immigrants may be low wage workers. Offer and advocate for **community resources addressing social determinants of health**, such as **food or housing** insecurity.

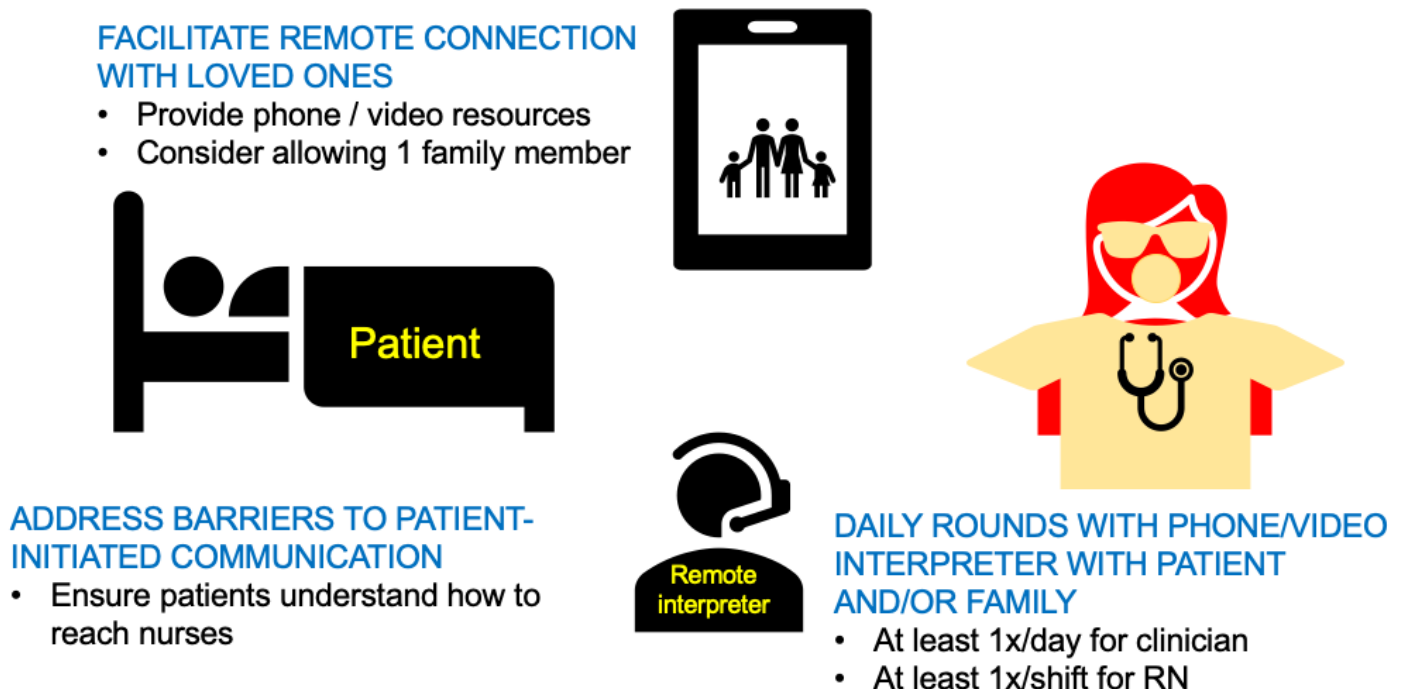
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INFOGRAPHICS

IN THE SCREENING VISIT



IN THE HOSPITAL



PROMOTE ACCESS TO HEALTH INFORMATION MEET SOCIAL NEEDS

OFFER CONTENT EXPERTISE TO
COMMUNITY ORGANIZATIONS AND MEDIA



Hola!
Ciao!



Здравствуйте
Bonjour!



你好!
xin chào!



مرحبا
Kamusta!

FIGHT STIGMA. PROMOTE CONNECTION.
WE ARE IN THIS TOGETHER



ADVOCATE AND OFFER COMMUNITY
RESOURCES FOR SDOH

